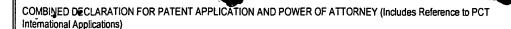
COMBINED DECLARATION FOR International Applications)	DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT Applications)						Attorney Docket No. C6611(V)			
As a below named inventor, I hereby declare that:										
My residence, post office address and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
DETERGENT OR PERSONAL CARE COMPOSITION WITH OIL CAPSULES										
the specification of which (check on	ly one item below):									
☑ is attached hereto.										
was filed as United States appl										
was filed as PCT international	was filed as PCT international application on and was amended under PCT Article 19 on(if applicable)									
I hereby state that I have reviewed a										
I acknowledge the duty to disclose i	information which is mat	erial to the	patentability	of this	application in acc	ordance with Title 37, Co	de of Fede	ral Regulation	ns, § 1.56(a).	
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date defore that of the application(s) of which priority is claimed:										
PRIOR FOREIGN/PCT APPLICATION	ION(S) AND ANY PRIO	RITY CLAII	MS UNDER 3	35 U.S	.C. 119:					
COUNTRY (if PCT, indicate "PCT")	APPLICATIO	N NUMBER	₹		DATE OF FILING			PRIORITY CLAIMED UNDER		
					(day, month, year)		35 U.S.C. 119			
hereby claim the benefit under Title 35, United States Code §119(e) of any of any United States provisional application(s) listed below:										
PRIOR U.S. PROVISIONAL APPLI	CATION(S) FOR BENE	FIT UNDER	R 35 U.S.C. 1	19(e)						
APPLICATION NUMBER				DATE OF FILING (day, month, year)						
M Ti										
Thereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that sare listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application. PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.										
U.S. APPLICATIONS STATUS (CHECK ONE)										
U.S. APPLICATION NUMBER U.S. FILIN		IG DATE			PATENTED	PENDING		ABANDONED		
PCT APPLICATIONS DESIGNATIN	G THE U.S.							-		
PCT APPLICATION NO.			U.S SERIA ASSIGNED							



Attorney Docket No. C6611(V)

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

CUSTOMER NUMBER: 000201

RESIDENCE & CITIZENSHIP

ADDRESS

CITY

POST OFFICE ADDRESS

Direct all correspondence to: CUSTOMER NUMBER 000201

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FULL NAME OF INVENTOR	FAMILY NAME HSU	FIRST GIVEN NAME Feng-Lung	SECOND GIVEN NAME Gordon	
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202				
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
TESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS ADDRESS		CITY	STATE & ZIP CODE/COUNTRY	
203.				
FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
7				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

CITY

STATE OR FOREIGN COUNTRY

SIGNATURE OF INVENTOR	201	SIGNATURE OF INVENTOR	202	SIGNATURE OF INVENTOR	203
Fol GORDMI	ΣV				
DATE (8/23/01		DATE		DATE	